

County _____ District _____
Charter School _____

SCHEDULE CH/BA

SCHEDULE FOR THE DETERMINATION OF THE REVENUE LIMIT ADJUSTMENT
FOR A SCHOOL DISTRICT THAT IS A BASIC AID DISTRICT AND IS THE
SPONSORING DISTRICT OF A CHARTER SCHOOL

Reference: *Education Code* Section 47663

Of the ADA Reported, List the County and District of Residence for Pupils Not Residing In the Basic Aid District And Who Reside in a District Other Than a Basic Aid District				
County Code	School District of Residence	District Code	Total ADA	

Certification

I hereby certify that, to the best of my knowledge and belief, this report is true and correct and that all attendance data have been compiled and reported in accordance with state and federal laws and regulations and the instructions for this report form.

If the county office of education is not going to certify all or a portion of the ADA, please identify that portion and provide the reason for non-certification in writing and submit to the School Fiscal Services Division, attention of Janet Sterling.

(Responsible Charter School Official) Date

(District Superintendent of Schools) Date

(County Superintendent of Schools) Date

Any inquiries concerning this report should be directed to the attention of:
_____ () _____